

Measurement Strategy
SC Statewide Ryan White All Parts Quality Management Plan
Process and Outcome Measures

Label	Measure	Data Elements	Numerator	Denominator	Data source
1.0 Priority	Number (percentage) of patients with at least two (2) visits per year, one visit in each six-month period of the year.	1. Is the client HIV-positive? (Y/N) 2. Did the client have 2 medical visits >6 months apart in an HIV care setting during the reporting period? (Y/N) a. If yes, list the dates of these visits.	Number of clients who were seen by an MD, PA or advanced practice nurse in an HIV care setting at least twice in the measurement year, >6 months apart	Number of clients with HIV infection who were seen within the measurement year (excluding those who entered care after June 30 of the measurement year)	CADR (PDR), Section 5, Items 42 and 43 may provide data useful in establishing a baseline for this performance measure Provide report to be designed by June 2008.
2.0 Priority	Number (percentage) of adolescent and adult clients \geq age 13 years with HIV/AIDS CD4 \leq350 or viral load \geq 100,000 that are prescribed ART	1. Is the client HIV positive? (Y/N) 2. If yes, was the client prescribed ART during the reporting period? (Y/N)	Number of clients who were prescribed a ART regimen within the measurement year	Number of clients who: • have an HIV diagnosis (history of a CD4+ count below 350 / μ L or viral load > 100,000), and • were seen within the measurement year.	CADR (PDR), Section 2, Items 26 and Section 5, Item 51 may provide data useful in establishing a baseline for this performance measure

Label	Measure	Data Elements	Numerator	Denominator	Label
3.0 Priority	Number of female patients/clients with an annual Pap test	1. Is the client HIV-positive? (Y/N) 2. If yes, is the client female? (Y/N) 3. If yes, is she > 18 years? (Y/N) a. If yes, list dates on which pap test was completed during the reporting period?	Number of female clients who had PAP test results documented within the measurement year	Number of female clients with HIV infection who: • were >18 years old in the measurement year ¹ , and were seen within the measurement year	CADR (PDR), Section 5, Items 42 and 52 may provide data useful in establishing a baseline for this performance measure.
4.0 Priority	Number (Percentage) of patients seen (referred AND with completed visit) by an oral health provider annually.	Is the client HIV-positive? (Y/N) 2. If yes, did the client receive an oral health exam during the reporting period?(Y/N) a. If yes, list the dates the oral health exam(s) was provided.	Number of clients who had a dental exam during measurement year, based on patient self report or other documentation ¹	Number of clients with HIV infection who were seen for a medical visit within the measurement year (excluding those who came into care in the last three months of the measurement year)	CADR (PDR), Section 3, Item 33c may provide data useful in establishing a baseline for this performance measure.

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5.0 Priority	Number (Percentage) of patients with an annual syphilis test.	1. Is the client HIV-positive? (Y/N) 2. If yes, is the client > 18 years? (Y/N) a. If yes, was client tested for syphilis during reporting period?	Number of clients who had a test for syphilis at least once in the measurement year.	Number of clients with HIV infection who: <ul style="list-style-type: none"> • were >18 years old in measurement year1, • were seen within the measurement year 	CADR (PDR), Section 5, Item 48 provides data useful in establishing a baseline for this performance measure.
6.0 Priority	Number (Percentage) of clients with HIV infection who have been tested for Hepatitis C virus infection.	1. Is the client HIV-positive? (Y/N) 2. If yes, is there documentation of the client's Hepatitis C status in the chart? (Y/N)	Number of clients who have documented HCV status in chart.	Number of clients with HIV infection who were seen within the measurement year.	<ul style="list-style-type: none"> • CADR (PDR), Section 5, Item 48 provides data in establishing a baseline for this measure • Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base

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7.0 Priority	Number (Percentage) of pregnant women prescribed antiretroviral therapy	1. Is the client HIV-positive? (Y/N) 2. If yes, is the client female? (Y/N) 3. If yes, was she pregnant during the reporting period? (Y/N) a. If yes, was she on antiretroviral therapy during this reporting period?(Y/N)	Number of pregnant clients who were on an appropriate antiretroviral therapy regimen during the antepartum period	Number of pregnant clients with HIV infection who were seen within the measurement year. (excluding those patients who are in the first trimester during the last three months of the measurement year)	CADR (PDR), Section 5, Item 53 may provide data useful in establishing a baseline for this performance measure.
8.0 Priority	Number (percentage) of patients with a CD4 test every six months.	1. Is the client HIV-positive? (Y/N) 2. If yes, did the client have a CD4 count test conducted during the reporting period? (Y/N) a. If yes, list the dates of these tests	Number of clients who had CD4+ counts measured at least twice in the measurement year, <6 months apart	Number of clients with HIV infection who were seen within the measurement year (excluding those who came into care after June 30 of the measurement year)	Electronic Medical Record/Electronic Health Record, <i>PROVIDE</i> • CAREWare, Lab Tracker, or other electronic data base

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8.a	Number (percentage) of patients with a viral load test every six months.	1. Is the client HIV-positive? (Y/N) 2. If yes, did the client have a viral load test conducted during the reporting period? (Y/N) a. If yes, list the dates of these tests	Number of clients who had viral loads measured at least twice in the measurement year, <6 months apart	Number of clients with HIV infection who were seen within the measurement year (excluding those who came into care after June 30 of the measurement year)	Electronic Medical Record/Electronic Health Record, <i>PROVIDE</i> • CAREWare, Lab Tracker, or other electronic data base
9.0 Priority	Number (Percentage) of patients with CD4 \leq 200 who are receiving <i>Pneumocystis jirovecii</i> pneumonia (PCP) Prophylaxis	1. Is the client HIV-positive? (Y/N) 2. If yes, was the CD4 count \leq 200/ μ L? (Y/N) 3. If yes, list the dates and results of CD4 test counts performed during the reporting period. 4. List the date on which PCP prophylaxis was prescribed.	Number of clients who were prescribed PCP prophylaxis at the time when the CD4+ count was below 200/ μ L	Number of clients with HIV infection who: • were seen within the measurement year, and • had a CD4+ count below 200/ μ L	Electronic Medical Record/Electronic Health Record or <i>PROVIDE</i> • CAREWare or Lab Tracker

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10.0 Priority	Number (Percentage) of patients with CD4 \leq 50 (or age adjusted for risk as clinically indicated for children) who are prescribed MAC Prophylaxis (rifabutin, clarithromycin, azithromycin or other)	1. Is the client HIV-positive? (Y/N) 2. If yes, was the CD4 count \leq 50 cells/mm ³ (Y/N) 3. If yes, list the dates and results of CD4 test counts performed during the reporting period. 4. List the date on which MAC prophylaxis was prescribed.	Number of clients who were prescribed MAC prophylaxis (rifabutin, clarithromycin, azithromycin or other) at the time of the CD4+ count below 50 cells/mm ³	Number of clients with HIV infection who: • were seen for a medical visit within the measurement year; and • had a CD4 count \leq 50 cells/mm ³	PROVIDE Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker or other electronic
11.0 Optional	Number (Percentage) of clients with HIV infection who have been tested for Hepatitis B virus infection status.	1. Is the client HIV-positive? (Y/N) 2. If yes, is their documentation of Hepatitis B status in the chart? (Y/N)	Number of clients who have documented Hepatitis B infection status	Number of clients with HIV infection who were seen within a measurement year	Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • Medical record data abstraction by grantee of a sample of records.

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12.0 Optional	Number (Percentage) of clients with HIV infection who have completed the vaccination series for Hepatitis B.	1. Is the client HIV-positive? (Y/N) 2. If yes, does the client have documentation of Hepatitis B immunity? (Y/N) 3. If no, is there documentation that the client has completed the vaccine series for Hepatitis B?(Y/N)	Number of clients who documentation of having ever completed the vaccination series for Hepatitis B.	Number of clients with HIV infection who: <ul style="list-style-type: none"> • were seen within the measurement year, and • were ever recognized by the grantee to have no written and dated records (e.g., personal, school, physician, or immunization registry) as evidence of vaccination, and • ever had documented susceptibility to Hepatitis B virus or had unknown Hepatitis B virus status 	PROVIDE: Use Hep B vaccine report. <ul style="list-style-type: none"> • Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • Medical record data abstraction by grantee of a sample of records

Label	Measure	Data Elements	Numerator	Denominator	Data source
13.0 Optional	Number (Percentage) of clients with HIV infection prescribed antiretroviral (ARV) who receives adherence counseling during appointments 6 months (or less) apart.	1. Is the client HIV-positive? (Y/N) 2. If yes, was the client on ARVs?(Y/N) a. If the client was on ARVs, did he/she receive adherence counseling during the reporting period? (Y/N) i. If yes, list the dates adherence counseling was provided.	Number of clients who received adherence counseling during appointments 6 months (or less) apart.	Number of clients with HIV infection on ARV therapy who: • received care from for 6 mos. or more, and prescribed ARV, and were seen in the measurement year	• Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base. • HIVQUAL reports on this measure for grantee under review • Medical record data abstraction by grantee of a sample of records
14.0 Optional	Number (Percentage) of clients with HIV infection prescribed antiretroviral (ARV) who receives risk reduction counseling during appointments 6 months (or less) apart.	1. Is the client HIV-positive? (Y/N) 2. If yes, did the client receive risk reduction counseling at least once during the reporting period?(Y/N)	Number of clients who received risk reduction counseling during appointments	Number of clients with HIV infection who were seen in the measurement year	PROVIDE Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • Medical record data abstraction by grantee of a sample of records

SC Statewide Case Management Indicators***

Label	Measure	Definition of Data Elements**	Consistency with Quality Measure	Data Collection Plan
15.0 Optional	Number of patients/clients with a complete psychosocial assessment in the past year.	<p>A complete psychosocial assessment should be performed every six months (at intake and then again in conjunction with service plan updates) and include all of the following elements:</p> <ul style="list-style-type: none"> a) Family/domestic situation b) housing status c) disclosure d) source of income e) health insurance f) cultural beliefs and practices g) language h) HIV primary care provider i) behavioral health screening: <ul style="list-style-type: none"> - mental health status - substance use status j) Domestic violence 	<p><i>“Did the psychosocial assessment include ALL elements in the definition of data elements?”</i></p> <p>YES: Assessment included all elements.</p> <p>NO: Assessment did not include some or all elements.</p>	<p>Select a random number of patient/client records to assess. Identify your sample (patients/clients who had least two case management visits in the past 12 months). Count the number of patients/clients in the sample with a documented <i>complete</i> psychosocial assessment performed in the past 12 months. Divide by the total number of patients with at least two case management visits in the past 12 months. Multiply by 100 to calculate percent.</p>

Label	Measure	Definition of Data Elements**	Consistency with Quality Measure	Data Collection Plan
16.0 Optional	Number of clients screened for HIV knowledge every six months.	Screening of the patient's knowledge should be provided every 6 months and all of the following components should be documented in the client's record: a) Importance of CD4 count/viral load monitoring b) Transmission risks/factors c) Importance of regular medical care d) Assessment of patient understanding of HIV information.	<i>“Did the HIV knowledge screening include ALL of the elements in the definition of data elements?”</i> YES: The screening included all elements. NO: Some or all of the elements were not addressed.	Select a random number of patient/client records to assess. Identify your sample (patients/clients with at least two case management visits in the past 12 months). Count the number of patients/clients with a documented screen for HIV knowledge performed in the past 6 months. Divide by the total number of patients with at least two case management visits in the past 12 months. Multiply by 100 to calculate percent.
17.0 Optional	Number of clients with a service plan that has been updated in the past six months.	Monitoring of the service care plan should occur every 6 months and should include assessment of the progress made toward achieving the goals stated in the service care plan and whether the goals have been completed.	<i>“Was a service care plan completed/updated?”</i> YES: A service care plan was completed or updated (continue to 11.1). NO: A service care plan was not completed or updated (stop). 11.1“Were goals established?” YES: Goals were established (continue to 11.1.1). NO: Goals were not established (proceed to 11.2). 11.1.1. “Is there documentation of progress toward goals?” YES: Progress was documented.	Assess a random number of patient/client records monthly (or at the frequency established by your quality improvement effort). Each month, identify your sample (patients/clients with at least two case management visits in the past 12 months). From this sample, count the number of clients with a an updated service care plans in the past 6 months. Divide by the total number of patients/clients with at least two case management visits in the past 12 months. Multiply by 100 to calculate percent.

			<p>NO: Progress was not documented.</p> <p>11.2 “Were service needs identified in the plan?”</p> <p>YES: Service needs were identified (continue to 11.2.1).</p> <p>NO: Service needs were not identified</p> <p>11.2.1 “Were referrals made for services?”</p> <p>YES: Appropriate referrals were made (continue to 11.2.1.1).</p> <p>NO: Referrals were not made.</p> <p>11.2.1.1 Were services provided within 4 months? Y/N</p> <p>YES: Service needs were identified (continue to 11.2.1).</p> <p>NO: Service needs were not identified (proceed to 4.3).</p> <p>11.2.1 “Were referrals made for services?”</p> <p>YES: Appropriate referrals were made (continue to 11.2.1.1).</p> <p>NO: Referrals were not made.</p> <p>11.2.1.1 “Were services provided within 4 months?”</p> <p>YES: Services were provided within 4 months.</p> <p>NO: Services were not provided within 4 months.</p>	
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Label	Measure	Definition of Data Elements**	Consistency with Quality Measure	Data Collection Plan
18.0 Optional	Number of clients with a service plan that has been signed in the past six months.	Documentation that a client has participated in the development and/or revision of the treatment plan should be monitored every 6 months.	<p><i>“Was the client’s signature in the care plan to document that a client participated in the development and/or revision of the treatment plan?”</i></p> <p>YES: Client’s signature on the treatment plan.</p> <p>NO: No treatment plan or not signed by the client.</p>	Assess a random number of patient/client records monthly (or at the frequency established by your quality improvement effort). Each month, identify your sample (patients/clients with at least two case management visits in the past 12 months). From this sample, count the number of clients who have co-signed their service care plans in the past 6 months. Divide by the total number of patients/clients with at least two case management visits in the past 12 months. Multiply by 100 to calculate percent.